_{Form} 990

Return of Organization Exempt From Income Tax

OMB No. 1545-0047

2013

Θpen to Public Inspection

Department of the Treasury

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

▶ Do not enter Social Security numbers on this form as it may be made public.

Information about Form 990 and its instructions is at www.irs.gov/form990. Internal Revenue Service For the 2013 calendar year, or tax year beginning 2013, and ending 20 14 July 1 D Employer identification number Check if applicable: C Name of organization NIMMI Foundation, Inc. 85-6010718 Address change Doing Business As Room/sulta E Telephone number Number and street (or P.O. box if mail is not delivered to street address) Name change (575) 624-8035 Initial return 101 W. College Blvd. City or town, state or province, country, and ZIP or foreign postal code Terminated Amended return Roswell, NM 88201 G Gross receipts \$ F Name and address of principal officer: H(a) is this a group return for subprofinates? Yes Vo Jimmy Barnes, President & CEO Application pending H(b) Are all subordinates included? Tyes No Same as "c" above If "No," attach a list. (see instructions) 501(0)(3) 501(c) () ≪ (insert no.) 4947(a)(1) or 527 Tax-exempt status: Website: ▶ www.nmmi.edu/foundation H(c) Group exemption number ▶ Form of organization: ✓ Corporation ☐ Trust ☐ Association ☐ Other ► L Year of formation: 1945 M State of legal domicile: Part Briefly describe the organization's mission or most significant activities: The mission of the NMMI Foundation, Inc. (Foundation) is to create, maintain and administer an endowment fund for the benefit of New Mexico Military Institute (NMMI) Activities & Governance to be used for research, scientific and literary purposes; and to promote generally the growth, welfare, and maintenance of NMMI Check this box ▶☐ if the organization discontinued its operations or disposed of more than 25% of its net assets. Number of voting members of the governing body (Part VI, line 1a) 13 Number of Independent voting members of the governing body (Part VI, line 1b) 4 12 5 Total number of individuals employed in calendar year 2013 (Part V, line 2a) 5 3 6 Total number of volunteers (estimate if necessary) 0 Total unrelated business revenue from Part VIII, column (C), line 12 7a 7a 0 Net unrelated business taxable income from Form 990-T, line 34 0 **Current Year** Contributions and grants (Part VIII, line 1h) . . . 2,058,301 8 731,630 Revenue Program service revenue (Part VIII, line 2g) 9 62,316 65,425 Investment Income (Part VIII, column (A), lines 3, 4, and 7d) . . . 2,612,118 10 2,385,094 11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) . . . 266,910 341,372 12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12) 3,445,950 5,077,216 13 Grants and similar amounts paid (Part IX, column (A), lines 1-3) 1,218,448 1,383,973 Benefits paid to or for members (Part IX, column (A), line 4) 14 Ü Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 299,644 15 294,598 Expenses Professional fundraising fees (Part IX, column (A), line 11e) . . . 55,000 16a O Total fundraising expenses (Part IX, column (D), line 25) ▶ 17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) 233,766 275,326 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) 18 1,746,812 2,013,943 Revenue less expenses. Subtract line 18 from line 12 1,699,138 3,063,273 19 End of Year Beginning of Current Year Assets or Balances 42,022,418 48,361,745 20 Total assets (Part X, line 16) 21 Total liabilities (Part X, line 26) . . 703,211 595,540 Net assets or fund balances. Subtract line 21 from line 20 47,658,534 22 41,426,878 Signature Block Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge. Sign Signature of officer Here Immy Type or print name and title Date Print/l'ype preparer's name Preparer's signature Check if Paid self-employed Preparer Firm's EIN ▶ Firm's name **Use Only** Phone no. Firm's address 🕨 May the IRS discuss this return with the preparer shown above? (see instructions) Yes ☑ No

orm 990	0 (2013) Page 2
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	Check if Schedule O contains a response or note to any line in this Part III
	Briefly describe the organization's mission:
	Create, maintain and administer an endowment fund for the benefit of New Mexico Military Institute (NMMI) to be used
	for research, scientific and literary purposes; for increasing the building, equipment and other facilities of NMMI; to provide for scholarships; and to promote generally the growth, welfare, and maintenance of NMMI
	provide for scholarships; and to promote generally the growth, welfare, and maintenance of runiwi
2	Did the organization undertake any significant program services during the year which were not listed on the
	prior Form 990 or 990-EZ?
	If "Yes," describe these new services on Schedule O.
	Did the organization cease conducting, or make significant changes in how it conducts, any program
	services?
	If "Yes," describe these changes on Schedule O.
4	Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.
48	(Code:) (Expenses \$ 681,989 including grants of \$ 681,989) (Revenue \$ 0)
	The NMMI Foundation maintains over 90 endowed scholarship funds and over 25 annual donor scholarship funds for
	the benefit of NMMI cadets. Earnings from the endowments and annual donations are paid directly to NMMI to provide
	scholarships to NMMI cadets at the high school and junior college level. The scholarships have varying criteria specified
	by the donor; for example scholarships may include merit-based and/or need-based requirements. NMMI has established a
	Scholarship Committee that facilitates the fair and impartial granting of all scholarships in accordance with NMMI
	policies and procedures and donor stipulations.
	NMMI estimates that nearly 97% of cadets in the junior college program receive some form of financial assistance,
	which includes scholarship funding. Nearly 70% of the high school cadets receive some scholarship assistance. NMMI's maximum capacity is about 1,000 cadets. 424 cadets received scholarships from Foundation provided funds in
	the 2013-2014 school year. It is estimated that 400 cadets will receive scholarships during the 2014-2015 school year.
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4b	(Code:) (Expenses \$ 300,804 including grants of \$ 300,804) (Revenue \$ 0)
	The NMMI Foundation maintains approximately 20 endowments whereby earnings are used to fund NMMI Leadership
	Reaction Course programs, Low/High Ropes Course facilities and general Leadership projects and activities. The
	Daniels Leadership Center (DLC) serves over 900 cadets each year through use of state of the art technologies
	and classrooms. Programs and services are provided to internal and external constituencies and include the Low/High Ropes Course and the Leadership Reaction Course which provide leadership challenges and growth
	to both cadets and professionals. These facilities help build self confidence, trust and teamwork in challenges that teach,
	test and reinforce sound leadership practices. These facilities are used to train over 900 cadets annually with over
	600 cadets using the facilities multiple times throughout the school year. Over 100 participants from the community
	and over 500 youth throughout the state use the facilities annually.

A	(Code:) (Expenses \$ 120,371 including grants of \$ 120,371) (Revenue \$ 0)
4c	(Code:) (Expenses \$ 120,371 including grants of \$ 120,371) (Revenue \$ 0) The NMMI Foundation maintains more than ten endowments whereby earnings are used, along with other designated annual donor
	contributions, to provide support for certain NMMI academic programs. Expenditures from these programs include support
	for faculty and cadets. Support for over 40 faculty members included funds for conference attendance, training programs, academic
	academy, professional development and related travel and lodging.
	Cadet programs supported include Close-Up (4 cadets attended workshops and seminars at the Capitol in Washington, D.C. to
	learn about government), field trips, band and choir travel, academic achievement programs and lyceum programs. Over 100 cadets
	participate in these programs.
	Other uses of funds include faculty enhancement support for employees of the learning resource center, purchase of library books
	and purchase of academic software and equipment.

280,809) (Revenue \$

1,527,335

4d Other program services (Describe in Schedule O.) (Expenses \$ 424,171 including grants of \$

4e Total program service expenses ▶

0)

Form 99		***************************************		Page 3
Paris	V Checklist of Required Schedules		Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	1	√	140
2	Is the organization required to complete Schedule B, Schedule of Contributors (see Instructions)?	2	,	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	3		1
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II	4	V	
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		1
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		1
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		/
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8	√	
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability; serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV	9		/
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10	1	
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VIII, VIII, IX, or X as applicable.			
a	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI	11a	1	
b	Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b	√	
	Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		1
	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 167 If "Yes," complete Schedule D, Part IX	11d		1
	Did the organization report an amount for other liabilities in Part X, line 257 If "Yes," complete Schedule D, Part X Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X.	11e		1
12 a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII	12a	√	
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		1
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		1
14 a b	Did the organization maintain an office, employees, or agents outside of the United States?	14a		✓
u	fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	14b	1	
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		/
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV.	16		1
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see Instructions)	17	1	
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18	1	
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III	19		1
20 a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		/
<u> </u>	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? .	20b		(2013)
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Form 99				Page 4
Parti	Checklist of Required Schedules (continued)		Yes	No
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	/	140
22	Did the organization report more than \$5,000 of grants or other assistance to individuals in the United States on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22	1	
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J	23		1
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a	24a		1
	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24b 24c	N,	(A) (A
d 25a	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	24d 25a	λί	À
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	25b		√
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If so, complete Schedule L, Part II	26		1
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		1
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):			
a b	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a 28b		1
c	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		/
29 30	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	30		1
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		1
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II	32		✓_
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		✓
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1	34		1
35a b	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a 35b	N	1/A
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2	36		√
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		1
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 197 Note. All Form 990 filers are required to complete Schedule O	38	V	
		Fac	- 990	E (D)(14 (1)

Form **990** (2013)

Orini Mai) (EQ.10)		-	
Pari	Statements Regarding Other IRS Filings and Tax Compliance			
	Check if Schedule O contains a response or note to any line in this Part V			
			Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable 1a 13			
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable 1b 0			
	Did the organization comply with backup withholding rules for reportable payments to vendors and			
v	reportable gaming (gambling) winnings to prize winners?	1c	1	
a.	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax		·	
2a				
	Statements, filed for the calendar year ending with or within the year covered by this return 2a 3			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? .	2b	√	Cichardon I
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)			
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		<u> </u>
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O	3b	NI	<u> </u>
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority		Ť	
	over, a financial account in a foreign country (such as a bank account, securities account, or other financial			
	account)?	4a	✓	
b	If "Yes," enter the name of the foreign country: ▶ Cayman Islands and Ireland			
	See instructions for filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a	Caulanio Patanggo	1
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b	-	1
	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c	N	***************************************
C C	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the		LY L	<u>A</u>
6a		6-		1
	organization solicit any contributions that were not tax deductible as charitable contributions?	6a		<u> </u>
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or		,	10
	gifts were not tax deductible?	6b	\mathcal{M}	<i>[[</i>]
7	Organizations that may receive deductible contributions under section 170(c).			
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods		236.3	
	and services provided to the payor? . ,	7a	1	
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b	✓	
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was			
	required to file Form 8282?	7c		1
d	If "Yes," indicate the number of Forms 8282 filed during the year			
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e	ACEMINIST STREET, SAL	1
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? .	7f	***************************************	1
	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g	A I	7a
g h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		14
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting	nusersie/		
CJ.				
	organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring	0		7
_	organization, have excess business holdings at any time during the year?	8	زاد	n
9	Sponsoring organizations maintaining donor advised funds.			7.
a	Did the organization make any taxable distributions under section 49667	9a		4-
b	Did the organization make a distribution to a donor, donor advisor, or related person?	9b	_N_	M_
10	Section 501(c)(7) organizations. Enter:			
а	Initiation fees and capital contributions included on Part VIII, line 12			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities . 10b N/A			
11	Section 501(c)(12) organizations. Enter:			
a	Gross income from members or shareholders			
b	Gross Income from other sources (Do not net amounts due or paid to other sources			
	against amounts due or received from them.)			
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a	.1	/A
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b N/A			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			
	Is the organization licensed to issue qualified health plans in more than one state?	13a	A	10
а	Note. See the instructions for additional information the organization must report on Schedule O.		_	ra-
1_	Enter the amount of reserves the organization is required to maintain by the states in which			
b	to the state of th			
	"	Acceptance of the		
C		1		+,
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		17%
h.	If "Ves " has it filed a Form 720 to report these payments? If "No." provide an explanation in Schedule O	14b		100

Part	Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. S	ee in:	for a	ions.
Const	Check if Schedule O contains a response or note to any line in this Part VI	* +	•	. 🗸
ORCH	on A. Governing Body and Management	*******	Yes	No
18	Enter the number of voting members of the governing body at the end of the tax year If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O.			
р 2	Enter the number of voting members included in line 1a, above, who are independent . Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2	~	
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, or trustees, or key employees to a management company or other person? .	3	~*************************************	1
4 5 6 7a	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? Did the organization become aware during the year of a significant diversion of the organization's assets? Did the organization have members or stockholders? Did the organization have members, stockholders, or other persons who had the power to elect or appoint	4 5 6	1	✓
b	one or more members of the governing body?	7a 7b	√	-
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:			
8	The governing body?	8a	1	-
ь 9	Each committee with authority to act on behalf of the governing body?	8b 9	√ √	<u> </u>
Secti	on B. Policies (This Section B requests information about policies not required by the Internal Reven	ue C	ode.,	
			Yes	No
10a b	Did the organization have local chapters, branches, or affiliates?	10a 10b		1/2
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filling the form?	11a	√	
b 12a b	Describe in Schedule O the process, if any, used by the organization to review this Form 990. Did the organization have a written conflict of interest policy? If "No," go to line 13	12a 12b	∀	
c	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done	12c	✓	
13 14 15	Did the organization have a written whistleblower policy?	13 14	✓	
a b	The organization's CEO, Executive Director, or top management official	15a 15b	√ √	
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	16a		/
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?	16b	N	/A
	on C. Disclosure			
17 18	List the states with which a copy of this Form 990 is required to be filed New Mexico Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section available for public inspection. Indicate how you made these available. Check all that apply.	501	c)(3)s	only)
19	✓ Own website ☐ Another's website ☑ Upon request ☐ Other (explain in Schedule O) Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of int financial statements available to the public during the tax year.	erest	polic	y, and
20	State the name, physical address, and telephone number of the person who possesses the books and records organization: > Jimmy Barnes, President & CEO; 101 W. College Blvd.; Roswell, NM 88201; 575-624-8035	of the	•	

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Pan VIII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
- List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
 - . List all of the organization's current key employees, if any. See instructions for definition of "key employee."
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's former officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

List persons in the following order: individual trustees or directors; institutional trustees; officers; key employees; highest compensated employees; and former such persons.

Check this box if neither the organization nor	anv relate	d ora	aniz	atio	n c	ompe	nsa	ted anv currer	t officer, directo	r, or trustee
) 2)					1 01 (1001001
(A)	(B)	Position (do not check more						(D)	(€)	(F)
Name and Title	Average					s than c Is both		Reportable	Reportable	Estimated
	hours per week (list any					or/trust		compensation from	compensation from related	
	hours for	or of	Tr.St	Officer	Ğ.	emig	ξ	the	organizations	other compensation
	related organizations	Individual trustee or director	Institutional trustee	8	Key employee	hest	Former	organization (W-2/1099-MISC)	(W-2/1099-MISC)	from the organization
	below dotted	्री हो स	onat		먕	e con		(44-5) (000-1/100)		and related
	line)	uste	ã		ee e	uedi				organizations
		ñ	E S			Highest compensated employee			***************************************	
	<u> </u>	*****				L C				
(1) James A. Solomon Chairman of the Board	5									
166 Sonterra Dr.; Alto, NM 88312		✓		✓				0	0	0
(2) Jesus Salazar Vice-Chariman	2									
2521 Elfego Rd. NW; Albuquerque, NM 87107		√	ļ	1	ļ	ļ		0	0	0
(3) Dick Waggoner Secretary	3	,		_						
P.O. Box 1027; Roswell, NM 88202				✓	ļ			0	0	0
(4) Bill Armstrong, Jr. Treasurer	22	,				ļ				
P.O. Box 2106; Roswell, NM 88202	ļ	✓		✓	ļ			0	0	0
(5) Steve Elliott Assistant Treasurer	22	,		,	ĺ					
P.O. Box 1328; Santa Fe NM, 87504				1				0	0	0
(6) Jimmy Barnes President & CEO 101 W. College; Roswell, NM 88201	40	1		1		1			_	
(7) Lance Benham Member	16	Α		Ą		<u> </u>		93,929	0	0
3775 E. Hefner Rd.; Oklahoma City, OK 73131		1						o	0	n
(8) Jesse F. Eckel Member; NMMI Regent	1				 	ļ		<u> </u>	l V	0
P.O. Box 1776; Roswell, NM 88202		1						o	0	0
(9) MG Jerry Grizzle NMMI President & Ex-Officio	1			~~~					<u> </u>	<u> </u>
Non-Voting 101 W. College; Roswell, NM 88201		1						0	0	0
(10) Phillip Ingram, Regent Apt; 7410 Montgomery	1							<u>×</u>		
NE; Suite 203; Albuquerque, NM 87109		✓						0	o	0
(11) Harris Kerr Member	1					<u> </u>	***********			
1701 N. "L" Street; Midland, TX 79705-3027		1						0	0	0
(12) Earl A. "Tres" Latimer Member	1									***************************************
1908 W. 27th Street; Roswell, NM 88201		1						0	.0	0
(13) Stephen D. Paternoster Member; NMMI Regent	4							vinean		
3500 Central Ave, SE; Albuquerque, NM 87106						ļ		0	0	0
(14) David R. Vandiver Member	1			-		***************************************				
705 W. Quay; Artesia, NM 88210		<u> </u>	<u> </u>	<u> </u>	<u> </u>	<u> </u>		0	0	0

Pairt	YIII Section A. Officers, Directors, Trust	ees, Key E	mploy	yees	*********		lighe	st C	ompensated E	mployees (contin	ued)
						C)						
	(A)	{do not check more than on					enc.	(D)	(E)		(F)	
	Name and title	Average hours per					is both or/trust		Reportable compensation	Reportab compensation		Estimated amount of
		week (list any		,				*********	from	related	l	other
		hours for related	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization	organizatio (W-2/1099-N		compensation from the
		organizations	ecto	Ťġ.	-4	ag.	st ca	喂	(W-2/1099-MISC)	• • • • • • • • • • • • • • • • • • • •	.	organization
		below dotted line)	Train.	al tr		gyer	dimo					and related organizations
		·	tee	uste		*	ensa				-	
				(a)			ited					
(15)										<u></u>		
(16)		·]	
							······					
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(24)]									
(25)											İ	
			<u> </u>		<u> </u>	<u> </u>		<u> </u>		***************************************		***************************************
1b	Sub-total							*	93,929		0	0
C	Total from continuation sheets to Part					٠.		>	0		0	0
<u>d</u>	Total (add lines 1b and 1c)							<u> </u>	93,929		0	0
2	Total number of individuals (including but reportable compensation from the organi		i to th	iose	list	ed	above	∌) W	ho received m	ore than \$1	00,00	0 of
	reportable compensation from the organi	Zauon 🕶 ()	·									Von Kin
3	Did the organization list any former of	ficer direc	tor c	r fr	uet	e e	kev e	าการ	slovee or high	est compe	neate	Yes No.
-	employee on line 1a? If "Yes," complete:								, , , , , .			3 /
4	For any individual listed on line 1a, is the							n a	nd other comp	ensation fr	om th	<u> </u>
•	organization and related organizations	greater th	an \$1	150,	000	17 /	"Ye	s,"	complete Sch	edule J fo	r suc	h
	Individual					٠.		. ,				4 /
5	Did any person listed on line 1a receive of											al 📗
	for services rendered to the organization	? If "Yes," c	ompl	ete	Scl	redu	ıle Jİ	or s	such person			5 /
Section	on B. Independent Contractors											
1	Complete this table for your five highest											
	compensation from the organization. Rep	ort compe	nsatio	on fo	or ti	ne c	alend	ar y	ear ending wit	h or within	the or	ganization's tax
	year.				out American		···	~~~~	<u> </u>	~~~		
	(A)	rmer							(B)	nninan		(C)
Name and business address Description of services Compensation								Compensation				
, , , , , , , , , , , , , , , , , , ,			V-1-88					-				
			1					-	······			
manufacturist more								-			*********	
LB-7								 		·		
2	Total number of independent contractor	ors (includia	na bi	it n	ot	limit	ed to) [h	ose listed ah	ove) who		
9491	received more than \$100,000 of compen								0			
****			************					-			-united states	A CONTRACTOR OF THE PROPERTY O

Cela	WIII	Statement of Reve						
Erectores per	krisyndrinni britis	Check if Schedule C) contains a resi	oonse or note to				,
					(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
क्षे क	1a	Federated campaigns	s l 1a			1010		V - V - V - V - V - V - V - V - V - V -
Contributions, Gifts, Grants and Other Similar Amounts	b	Membership dues .	-					
S E	C	Fundraising events .	1c	123,175				
ar Ja	d	Related organizations					ACCOUNT OF THE REAL PROPERTY.	
S.E.	e	Government grants (con	tributions) 1e					0.0000000000
rigin Si	f	All other contributions, g		***************************************				
ibu The		and similar amounts not inc	cluded above 1f	1,935,126				
d O	g	Noncash contributions include	ded in lines 1a-1f: \$	13,925				
	h	Total. Add lines 1a-1	f ,	, >	2,058,301			
age .				Business Code				
3461	2a	Fund Raising Services		900099	62,500	62,500	ng markalikkiya ing pinananan namanahan nana ananan	
ď.	b	Columbarium Revenue)	900099	2,925	2,925		
Ş	Ċ	ميا هم همه همه من خوا در از در من من مناور در از در مناور در از در مناور در از در در در در در در در در در در در در در		a literatura (era li correctura (era entale reministra politico de la politica de la productiva de la productiva			034 (21-0012134 10-01) (204 PANILLINIA 174 1741174 1744 174774 PANILLINIA 184 1	
S	d	** ** ** ** ** ** ** ** ** ** ** ** **	~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~		Machanan, 11 - 11 - 11 - 11 - 11 - 11 - 11 - 11			
Lam	e		******				***************************************	
Program Service Revenue	f	All other program ser						
Q.	g	Total. Add lines 2a-2			65,425	1		I-
	3	Investment income and other similar amo				ļ		
	ď				377,506			377,506
	4 5	Income from investmen	•	ona proceeds >				-
	Ð,	Royalties	(i) Real	(ii) Personal	648			648
	6a	Gross rents	352,536	413 t 01201151				
	b	Gross rents Less: rental expenses	302,030	·····				
	C	Rental income or (loss)	352,536	natural establishment (Mathematic Santa) error har h _{ar} (an agreement (an agree)				
	d	Net rental Income or (352,536			250 525
	7a	Gross amount from sales of	(I) Securities	(ii) Other	352,336			352,536
		assets other than inventory	5,709,309	1,800				
	ь	Less: cost or other basis	and the time the history and the territory and the second section of the second	.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,				
		and sales expenses .	3,473,742	2,755				
	С	Gain or (loss)	2,235,567	***************************************				
	d	Net gain or (loss) .			2,234,612			2,234,612
		(,			100			
enne	8a	Gross income from fu	ındraising					
e e		events (not including \$	123,175					
E.		of contributions reporte						
65		See Part IV, line 18 .	a	7,147				
Other Re	b	Less: direct expenses	3 b	70,803				
	c	Net income or (loss) f	rom fundralsing	events . 🕨	(63,656)		A Paris Comment of the Comment of th	(63,656)
	9a	Gross income from ga						
		See Part IV, line 19 .	a			and the state of the state of		
	b	Less: direct expenses						
-	C	Net income or (loss) f		vities ▶	~~			
	10a	Gross sales of in						
		returns and allowance	4,4			100000000000000000000000000000000000000		
	•	Less: cost of goods s		L				
	<u> </u>	Net income or (loss) f						
		Miscellaneous R		Business Code				
	ila	Increase Cash Value of		900099	51,444	51,444		
	b	Miscellaneous		900099	400	400		Managarana and and Action and an and an and an and an and an and an an an and an an an an an an an an an an an
	C	All athor entires	~ ~ <i>6 ~ ~ ~ </i>				***************************************	<u> </u>
	d	All other revenue . Total. Add lines 11a-						
	12	Total revenue. See in			51,844 5 077 216	117 260		2 001 646

Part X Statement of Functional Expenses

	Statement of Functional Expenses				
Section	n 501(c)(3) and 501(c)(4) organizations must cor	nplete ali columns. Ai	ll other organization	s must complete co	lumn (A).
	Check if Schedule O contains a respor	ise or note to any lin	e in this Part IX .		
	t include amounts reported on lines 6b, 7b, , and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to governments and organizations in the United States, See Part IV, line 21	1,325,351	1,325,351		
2	Grants and other assistance to individuals in the United States. See Part IV, line 22	58,622	58,622		
3	Grants and other assistance to governments, organizations, and individuals outside the United States. See Part IV, lines 15 and 16	30,022	30,022		
4 5	Benefits paid to or for members Compensation of current officers, directors, trustees, and key employees				
6	Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	100,460		100,460	The second secon
7 8	Other salaries and wages	129,471		48,885	80,586
	section 401(k) and 403(b) employer contributions)	29,701		19,639	10,062
9	Other employee benefits	23,309		16,466	6,843
10	Payroll taxes	16,703		10,788	5,915
11	Fees for services (non-employees):				
a	Management ,				
b	Legal	4,628		4,628	
c	Accounting	14,471		14,471	
d	Lobbying	6,800	6,800		
e	Professional fundraising services. See Part IV, line 17	55,000			55,000
f	Investment management fees	104,316	78,237	26,079	
g	Other. (If line 11g amount exceeds 10% of line 25, column				
	(A) amount, list line 11g expenses on Schedule O.)	2,582	2,582		
12	Advertising and promotion	6,680]	İ	6,680
13	Office expenses	18,343		11,790	6,553
14	Information technology	3,968		3,968	
15	Royalties				
16	Occupancy	515		515	
17	Travel	5,159		245	4,914
18	Payments of travel or entertainment expenses for any federal, state, or local public officials				
19	Conferences, conventions, and meetings .	4,725		3,917	808
20	Interest				
21	Payments to affiliates		*	****	
22	Depreciation, depletion, and amortization .	690		690	
23	Insurance	14,976		14,976	
24	Other expenses. Itemize expenses not covered				
	above (List miscellaneous expenses in line 24e, If				
	line 24e amount exceeds 10% of line 25, column				
	(A) amount, list line 24e expenses on Schedule O.)				
a	Donor Life Insurance Program	40,761	40,761		
b	Property Taxes and Maintenance	31,471		31,471	
C	Staff and Faculty Support	14,982	14,982		
ď	Columbarium Expenses	259		259	······································
9	All other expenses				
25	Total functional expenses, Add lines 1 through 24e	2,013,943	1,527,335	309,247	177,361
26	Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation, Check here ▶ ✓ if following SOP 98-2 (ASC 958-720)		and the second s		
depositoridad-renes.	and the second s	مال حسج بدعد بسيد بسيد بسيد بسيد بسيد بسيد بسيد بسي		~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~	Corr. 000 (0010)

Form 990 (2013)

Part X **Balance Sheet** Check if Schedule O contains a response or note to any line in this Part X (B) Beginning of year End of year 1 151,189 106,501 2 Savings and temporary cash investments 2 591,157 1,212,704 3 3 471,270 444,832 4 56,198 4 3,532,316 Loans and other receivables from current and former officers, directors, 5 trustees, key employees, and highest compensated employees. 5 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary 6 7 Inventories for sale or use 8 Prepaid expenses and deferred charges . 9 4.462 4,232 Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D 10a 6,486,436 Less: accumulated depreciation 10b 18,862 6,435,938 10c 6,467,574 11 Investments—publicly traded securities 11 14,282,763 16,651,979 Investments-other securities. See Part IV, line 11 . . . 12 18,669,877 12 18,474,516 13 Investments—program-related. See Part IV, line 11 13 14 14 15 15 1,359,564 1,467,091 16 Total assets. Add lines 1 through 15 (must equal line 34) 42,022,418 16 48,361,745 Accounts payable and accrued expenses 17 17 199,938 266,170 18 18 19 19 395,602 437,041 20 20 21 Escrow or custodial account liability. Complete Part IV of Schedule D. 21 Loans and other payables to current and former officers, directors, 22 Liabilities trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L 22 23 Secured mortgages and notes payable to unrelated third parties . . . 23 24 Unsecured notes and loans payable to unrelated third parties . . . 24 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X 25 26 Total liabilities. Add lines 17 through 25 595,540 26 703,211 Organizations that follow SFAS 117 (ASC 958), check here ▶ 📝 and or Fund Balances complete lines 27 through 29, and lines 33 and 34. 27 Unrestricted net assets 15,275,751 27 17,537,871 28 Temporarily restricted net assets 28 8,097,626 11,360,860 29 18,053,501 18,759,803 Organizations that do not follow SFAS 117 (ASC 958), check here ▶ □ and complete lines 30 through 34. Capital stock or trust principal, or current funds 30 30 Assets Paid-in or capital surplus, or land, building, or equipment fund . . . 31 32 Retained earnings, endowment, accumulated income, or other funds . 32 33 33 41,426,878 47,658,534 Total liabilities and net assets/fund balances 34 42,022,418 48,361,745

	0 (2013)			Pa	ge 12
Par	XII Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI				
1	Total revenue (must equal Part VIII, column (A), line 12)	1		5,07	7,216
2	Total expenses (must equal Part IX, column (A), line 25)	2		2,01	3,943
3	Revenue less expenses. Subtract line 2 from line 1	3		3,06	3,273
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4		41,42	6,878
5	Net unrealized gains (losses) on investments	5		3,16	6,383
6	Donated services and use of facilities	6			
7	Investment expenses	7			
8	Prior period adjustments	8			
9	Other changes in net assets or fund balances (explain in Schedule O)	9			
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line				
	33, column (B))	10		47,65	8,534
Part	Ill Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII			٠.	
				Yes	No
1	Accounting method used to prepare the Form 990: Cash Accrual Other				
	If the organization changed its method of accounting from a prior year or checked "Other," ex	plain in			
	Schedule O.				
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2 a		1
	If "Yes," check a box below to indicate whether the financial statements for the year were com	piled or			
	reviewed on a separate basis, consolidated basis, or both:				
	☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis				
b	Were the organization's financial statements audited by an independent accountant?		2b	✓	
	If "Yes," check a box below to indicate whether the financial statements for the year were audite	ed on a			
	separate basis, consolidated basis, or both:				
	☑ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis				
¢	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for or				
	of the audit, review, or compilation of its financial statements and selection of an independent accou		2c	✓	
	If the organization changed either its oversight process or selection process during the tax year, ex	:plain In			
	Schedule O.				
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set	forth in			

the Single Audit Act and OMB Circular A-133?...............

b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits.

За

3b

Form **990** (2013)

SCHEDULE A (Form 990 or 990-EZ)

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

2013

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service ➤ Attach to Form 990 or Form 990-EZ.
➤ Information about Schedule A (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990,

Open to Public Inspection

Name	of the organization				<u> </u>		i	Employer le	lentificatio	n number	
300000 XX 700000 XX	AMI Foundation, Inc. Age Reason for Public Charity Status (All organizations must complete this									10718	
									nstruction	ons.	
1 ne d 1 2	A church, conv	vention of churci	tion because it is: (Fones, or association of 170(b)(1)(A)(ii). (Attac	churches	s describe).		
3 4	☐ A hospital or a ☐ A medical rese	cooperative hos	spital service organiza on operated in conjunc	ition des	cribed in)(b)(1)(A)	(iii). Enter	the .
5	☐ An organizatio		he benefit of a colleg	ge or uni	versity o	wned or	operated	by a go	vernmen	tal unit de	escribed in
6 7	☐ A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). ☑ An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.)										
8	☐ A community t	trust described in	n section 170(b)(1)(A)) (vi). (Coi	nplete Pa	art II.)					
9	receipts from support from	activities related gross investme	receives: (1) more that I to its exempt functi nt income and unrel fter June 30, 1975. Se	ions—su lated bu	bject to d siness ta	certain e: xable ind	xceptions come (les	s, and (2) ss sectio	no more	e than 33	1/3% of Its
10 11	An organization organized and operated exclusively to test for public safety. See section 509(a)(4).										
e	other than fou or section 509	ndation manage (a)(2).	II c Type III that the organization rs and other than one written determination	is not co a or more	ntrolled o	lirectly or support	r Indirecti ed organ	y by one izations o	or more lescribed	in sectio	ed persons in 509(a)(1)
	organization, c	check this box .									
9	following pers		ie organization accep	pied any	gittorce	JIHHOUNG	и пош а	ny or me	,		
	(i) A person v	who directly or i	ndirectly controls, eith						d in (ii) a	nd [1190)	Yes No
			on described in (i) abo	-						11g(ii)	
			a person described in							11g(iii)	
h			on about the support							السندية	<u> </u>
(i)	Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-9 above or IRC section (see Instructions))	in cot. (i) li	organization sted in your document?	the organ	ou notify nization in of your port?	organizat (i) organi	s the ion in col. zed in the S.7		of monetary
				Yes	No	Yes	No	Yes	No		
(A)											
(B)											
(C)											
(D)											
(E)											

Part

(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.) Section A. Public Support Calendar year (or fiscal year beginning in) (a) 2009 (b) 2010 (c) 2011 (d) 2012 (e) 2013 (f) Total grants, contributions. membership fees received. (Do not include any "unusual grants.") . . . 618,373 464,638 483,818 731,630 2,058,301 4,356,760 revenues levied organization's benefit and either paid to or expended on its behalf The value of services or facilities furnished by a governmental unit to the organization without charge 4,000 4,000 4,000 4.000 20,000 4.000 Total. Add lines 1 through 3. . . . 2,062,301 468,638 487,818 735,630 622,373 4,376,760 The portion of total contributions by each person (other than governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f) 989,115 Public support. Subtract line 5 from line 4. 3,387,645 Section B. Total Support Calendar year (or fiscal year beginning in) ▶ (a) 2009 (b) 2010 (c) 2011 (d) 2012 (e) 2013 (f) Total Amounts from line 4 622,373 468,638 487,818 735,630 2,062,301 4,376,760 Gross income from interest, dividends, payments received on securities loans. rents, royalties and income from similar 750,652 766,197 730,690 729,816 770,361 3,747,716 Net income from unrelated business activities, whether or not the business is regularly carried on 0 0 Other income. Do not include gain or 10 loss from the sale of capital assets (Explain In Part IV.) 3,000 1,491 1,500 400 894,631 888,240 11 Total support. Add lines 7 through 10 9,019,107 12 458,783 13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) -Section C. Computation of Public Support Percentage Public support percentage for 2013 (line 6, column (f) divided by line 11, column (f)) 14 37.56 % 14 15 Public support percentage from 2012 Schedule A, Part II, line 14 15 36.90 % 331/3% support test - 2013. If the organization did not check the box on line 13, and line 14 is 331/3% or more, check this 331/3% support test-2012. If the organization did not check a box on line 13 or 16a, and line 15 is 331/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization 17a 10%-facts-and-circumstances test-2013. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported 10%-facts-and-circumstances test-2012. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see 18

Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)

Letelat	<u>ω</u> Support Schedule for Organiza	ations Descr	uped in Sect	ion 509(a)(2)			
	(Complete only if you checked the lifthe organization falls to qualify	ne box on lin	e 9 of Part I c	or if the organ	ilzation failed	to qualify	under Part II. 🖊
	If the organization fails to qualify	<u>under the te</u>	ests listed bel	<u>ow, please c</u>	omplete Part	ll.)	<u> NA</u>
	on A. Public Support						
Calen 1	dar year (or fiscal year beginning in) Gifts, grants, contributions, and membership fees	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
-	received. (Do not include any "unusual grants.")						
2	Gross receipts from admissions, merchandise sold or services performed, or facilities						
	furnished in any activity that is related to the						
	organization's tax-exempt purpose						
3	Gross receipts from activities that are not an						
	unrelated trade or business under section 513						
4	Tax revenues levied for the						
	organization's benefit and either paid]		
	to or expended on its behalf						
5	The value of services or facilities						
	furnished by a governmental unit to the						
	organization without charge	4-4-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1					
6	Total. Add lines 1 through 5						
7a	Amounts included on lines 1, 2, and 3]				
	received from disqualified persons .	ļ					
b	Amounts included on lines 2 and 3						
	received from other than disqualified persons that exceed the greater of \$5,000						
	or 1% of the amount on line 13 for the year						
	* * * * * * * * * * * * * * * * * * *	·					
С 8	Public support (Subtract line 7c from						
	line 6.)	and the first for					
Secti	on B. Total Support		L				
	dar year (or fiscal year beginning in)	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
9	Amounts from line 6	1 1000	(6) 2010	10,2011	(4) 2012	(6) 2010	(i) Total
10a	Gross income from interest, dividends.						
	payments received on securities loans, rents,						
	royalties and income from similar sources ,		İ				***************************************
b	Unrelated business taxable income (less					· · · · · · · · · · · · · · · · · · ·	
	section 511 taxes) from businesses						
	acquired after June 30, 1975						
C	Add lines 10a and 10b						
11	Net Income from unrelated business						
	activities not included in line 10b, whether						
	or not the business is regularly carried on					***************************************	
12	Other income. Do not include gain or						
	loss from the sale of capital assets						
	(Explain in Part IV.)						
13	Total support. (Add lines 9, 10c, 11,						
4 4	and 12.)		1				
14	First five years. If the Form 990 is for the organization, check this box and stop he						
Sacti	on C. Computation of Public Suppor			* * * * 4		* + + +	
15	Public support percentage for 2013 (line i			13 column (fil		15	%
16	Public support percentage from 2012 Sci					16	% %
	on D. Computation of Investment In	come Perce	ntage	· · · · ·	* * * * *	10	70.
17	Investment income percentage for 2013 (v line 13. colu	mn (f))	17	%
18	Investment Income percentage from 2012					18	%
19a	331/3% support tests-2013. If the organ	ization did not	check the box	x on line 14, a	nd line 15 is m	ore than 33	17/3%, and line
	17 is not more than 331/3%, check this box	and stop here.	. The organizati	on qualifies as	a publicly suppo	orted organi	zation . 🕨 🔲
b	331/3% support tests - 2012. If the organize	zation did not c	heck a box on	line 14 or line	19a, and line 16	is more the	nn 331/3%, and
	line 18 is not more than 331/2%, check this						
20	Private foundation. If the organization di	id not check a	box on line 14	, 19a, or 19b,	check this box	and see ins	tructions 🕨 🗌

p	nn.	2	4

Para IV	Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; and Part III, line 12. Also complete this part for any additional information. (See instructions).
Part II; Line	10; Other Income
2009 - \$888	,240 Total (\$886,637 proceeds from trust settlement on the Estate of Charles C. White, \$1,603 refunds, admin support and misc)
2010 - \$3,00	00 administrative support
2011 - \$1,4	31 Total (\$750 administrative support; \$723 copier rebate; \$18 copy revenue)
2012 · \$1,50	00 administrative support
2013 - \$400	miscellaneous
**********	, ////////////////////////////////////
200 may day day day day day day day day day d	

\$ \$4 \$10 \$10 \$10 \$10 \$10 \$10 \$10 \$10 \$10 \$10	**************************************
14 th 16 14 th 18 14 14 14 14 14 14 14 14 14 14 14 14 14	
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# ## # # # # # # # # # # # # # # # # #	
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M. W. W. W. W. W. W. W. M. M. M. M. M. M. M. M. M. M. M. M. M.	

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Schedule B

(Form 990, 990-EZ, or 990-PF)

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

► Attach to Form 990, Form 990-EZ, or Form 990-PF. ▶ Information about Schedule B (Form 990, 990-EZ, or 990-PF) and its instructions is at www.irs.gov/form990.

Schedule of Contributors

Name of	the organization			Employer identification number			
NMMI Fo	oundation, Inc.			85-6010718			
Organiz	ation type (check on	e):					
Filers o	f:	Section:					
Form 99	90 or 990-EZ	✓ 501(c)(3) (enter number) organization				
		4947(a)(1) nor	nexempt charitable trust not treated as a private	ioundation			
		527 political c	organization				
Form 99	00-PF	501(c)(3) exem	npt private foundation				
		4947(a)(1) nonexempt charitable trust treated as a private foundation					
		501(c)(3) taxable private foundation					
	nly a section 501(c)(7)	•	neral Rule or a Special Rule. zation can check boxes for both the General Rul	e and a Special Rule. See			
Genera	Rule						
	For an organization f property) from any or		0-EZ, or 990-PF that received, during the year, \$ mplete Parts I and II.	5,000 or more (in money or			
Special	Rules						
	For a section 501(c)(3) organization filing Form 990 or 990-EZ that met the 33½ % support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi) and received from any one contributor, during the year, a contribution of the greater of (1) \$5,000 or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h, or (ii) Form 990-EZ, line 1. Complete Parts I and II.						
	For a section 501(c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 for use <i>exclusively</i> for religious, charitable, scientific, literary, or educational purposes, or the prevention of cruelty to children or animals. Complete Parts I, II, and III.						
	For a section 501(c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions for use exclusively for religious, charitable, etc., purposes, but these contributions did not total to more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., purpose. Do not complete any of the parts unless the General Rule applies to this organization because it received nonexclusively religious, charitable, etc., contributions of \$5,000 or more during the year						
990-EZ,	Caution. An organization that is not covered by the General Rule and/or the Special Rules does not file Schedule B (Form 990, 190-EZ, or 990-PF), but it must answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its form 990-PF, Part I, line 2, to certify that it does not meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).						

SCHEDULE C (Form 990 or 990-EZ)

Political Campaign and Lobbying Activities

For Organizations Exempt From Income Tax Under section 501(c) and section 527

OMB No. 1545-0047 2013

Department of the Treasury Internal Revenue Service

Open to Public Inspection

If the organization answered "Yes," to Form 990, Part IV, line 3, or Form 990-EZ, Part V, line 46 (Political Campaign Activities), then · Section 501(c)(3) organizations: Complete Parts I-A and B. Do not complete Part I-C. • Section 501(c) (other than section 501(c)(3)) organizations: Complete Parts I-A and C below. Do not complete Part I-B. · Section 527 organizations: Complete Part I-A only. If the organization answered "Yes," to Form 990, Part IV, line 4, or Form 990-EZ, Part VI, line 47 (Lobbying Activities), then Section 501(c)(3) organizations that have filed Form 5768 (election under section 501(h)); Complete Part II-A. Do not complete Part II-B. . Section 501(c)(3) organizations that have NOT filed Form 5768 (election under section 501(h)); Complete Part II-B. Do not complete Part II-A. If the organization answered "Yes," to Form 990, Part IV, line 5 (Proxy Tax) or Form 990-EZ, Part V, line 35c (Proxy Tax), then · Section 501(c)(4), (5), or (6) organizations: Complete Part III. Name of organization Employer identification number NIMMI Foundation, Inc. 85-6010718 Part I-A Complete if the organization is exempt under section 501(c) or is a section 527 organization. Provide a description of the organization's direct and indirect political campaign activities in Part IV. 2 3 Rant LB Complete if the organization is exempt under section 501(c)(3). Enter the amount of any excise tax incurred by the organization under section 4955 1 2 Enter the amount of any excise tax incurred by organization managers under section 4955 . . . > If the organization incurred a section 4955 tax, did it file Form 4720 for this year? . . . Yes Mn 3 Yes If "Yes," describe in Part IV. h Complete if the organization is exempt under section 501(c), except section 501(c)(3). Enter the amount directly expended by the filing organization for section 527 exempt function Enter the amount of the filing organization's funds contributed to other organizations for section Total exempt function expenditures. Add lines 1 and 2. Enter here and on Form 1120-POL, Enter the names, addresses and employer identification number (EIN) of all section 527 political organizations to which the filing organization made payments. For each organization listed, enter the amount paid from the filing organization's funds. Also enter the amount of political contributions received that were promptly and directly delivered to a separate political organization, such as a separate segregated fund or a political action committee (PAC). If additional space is needed, provide information in Part IV. (d) Amount paid from (e) Amount of political (a) Name (b) Address filing organization's contributions received and funds. If none, enter -0-. promptly and directly delivered to a separate political organization, li none, enter -0-. (1)(2)(3) (4)(5)(6)

Pari	(election under section 501(h)).	mea	rorn	1 5 / 68	
For e	ach "Yes," response to lines 1a through 1i below, provide in Part IV a detailed	(a)	(b)	
	ption of the lobbying activity.	Yes	No	Amount	:
1	During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of:				
a	Volunteers?		✓		
b	Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?		1		
C	Media advertisements?		/		
d	Mailings to members, legislators, or the public?		V		
е	Publications, or published or broadcast statements?	<u></u>	1		
f	Grants to other organizations for lobbying purposes?	1			6,800
9	Direct contact with legislators, their staffs, government officials, or a legislative body?	ļ	1		
h	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?		✓_		
Í	Other activities?	Landa de la compansión	√		
į	Total. Add lines 1c through 1i				6,800
28	Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?		/		
b	If "Yes," enter the amount of any tax incurred under section 4912				N/A
, d	If "Yes," enter the amount of any tax incurred by organization managers under section 4912 If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?		7		N/A
d Paras		IA/	177 07 CO	ction	
incline.	501(c)(6).	·1(~1)	0: 30	NA	,
				Yes	No
1	Were substantially all (90% or more) dues received nondeductible by members?			1	
2	Did the organization make only in-house lobbying expenditures of \$2,000 or less?			2	
3	Did the organization agree to carry over lobbying and political expenditures from the prior year?			3	
Paris	501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No," C answered "Yes.") Par		
2	Dues, assessments and similar amounts from members	s of	1		***************************************
а	Current year		2a	ļ	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
b	Carryover from last year		2b		
C	Total ,		2c		······································
3	Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues		3		······································
Ą.	If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion o excess does the organization agree to carryover to the reasonable estimate of nondeductible lobb and political expenditure next year?	ylng	4		
5	Taxable amount of lobbying and political expenditures (see instructions)		5		
2216	V Supplemental Information		internatione	<u> </u>	
Provid Part II	e the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; Part II-A (affiliated gr -B, line 1. Also, complete this part for any additional information.	oup lis	st); Pa	rt II-A, line 2;	and
Part II-	B, Line 1f - Grants to Other Organizations for Lobbying Purposes		~~~~~		
\$6,800	was paid to the 2014 GO Bonds for Higher Education organization on behalf of NMMI for an assessment	for a	lvertis	ing. The Gen	ieral
Obliga	tion Bond campaign included \$4.8 million for NMML			****	
40 PM AV AV AV AV AV AV				******	
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		* ** ** ** ** ** **	,,,,,,,,,	M ==== = ===== = = = = = = = = = = = =	

m	0-	Dan	Dann

Nagara Kata	Complete if the organization is exempt under section 501(c)(3) and filed Form 5768 (election under section 501(h)).							
Ā	name, address, EIN, expenses, and share of excess lobbying expenditures).							
B	Ch	neck	▶ ☐ if the filing organization			rol" provisions a	apply.	
				bbying Expendit			(a) Filing	(b) Affiliated
	(The term "expenditures" means amounts paid or incurred.)					organization's totals	group totals	
	1a Total lobbying expenditures to influence public opinion (grass roots lobbying)				/lng)			
	b	Tota	l lobbying expenditures to influen	ce a legislative bo	ody (direct lobbying	g)		, Assault
	C	Tota	I lobbying expenditures (add lines	s 1a and 1b) .				
	d	Othe	er exempt purpose expenditures					
	e		l exempt purpose expenditures (a					
	f	Lobi	oying nontaxable amount. Enternment.					
	ſ	If the	amount on line 1e, column (a) or (b)	is: The lobbying	nontaxable amoun	t is:		
		Not o	ver \$500,000	20% of the an	nount on line 1e.			
		Over	\$500,000 but not over \$1,000,000	\$100,000 plus	15% of the excess	over \$50 0 ,000.		
	Ī	Over	\$1,000,000 but not over \$1,500,000	\$175,00 0 plus	10% of the excess	over \$1,000,000.		
	"	Over	\$1,500,000 but not over \$17,000,000	\$225,000 plus	5% of the excess o	ver \$1,500,000.		
		Over	\$17,000,000	\$1,000,000.				
	g	Gras	sroots nontaxable amount (enter	25% of line 1f)				
	h		tract line 1g from line 1a. If zero c					
	i	Sub	tract line 1f from line 1c. If zero or	less, enter -0-				
	1	If th	ere is an amount other than ze rting section 4911 tax for this ye	ro on either line	1h or line 1i, dlo			Yes No
			(Some organizations that	made a section 5	Period Under Sec 501(h) election do ctions for lines 2a	not have to com		>
			Lobby	ing Expenditures	During 4-Year A	veraging Period	T	
-		С	alendar year (or fiscal year beginning in)	(a) 2010	(b) 2011	(e) 2012	(d) 2013	(e) Total
	2a		bying nontaxable amount					
	b		bying celling amount % of line 2a, column (e))					
	c	Tota	l lobbying expenditures					
_	d		ssroots nontaxable amount					
	e		ssroots ceiling amount 1% of line 2d, column (e))					
60110040	f	Gra	ssroots lobbying expenditures					y driven sure executive entre entre entre entre entre entre entre entre entre entre entre entre entre entre en

SCHEDULE D (Form 990)

Supplemental Financial Statements

▶ Complete if the organization answered "Yes," to Form 990,

OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b. Attach to Form 990. Information about Schedule D (Form 990) and its instructions is at www.irs.gov/form990.

Name of the organization Employer identification number NMMI Foundation, Inc. 85-6010718 Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Part I Complete if the organization answered "Yes" to Form 990, Part IV, line 6. (a) Donor advised funds (b) Funds and other accounts 1 Total number at end of year 2 Aggregate contributions to (during year) . Aggregate grants from (during year) . . Aggregate value at end of year Did the organization inform all donors and donor advisors in writing that the assets held in donor advised 5 funds are the organization's property, subject to the organization's exclusive legal control? ☐ Yes ☐ No Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose ☐ Yes ☐ No Conservation Easements. Complete if the organization answered "Yes" to Form 990, Part IV, line 7. Purpose(s) of conservation easements held by the organization (check all that apply). Preservation of land for public use (e.g., recreation or education) Preservation of an historically important land area Protection of natural habitat Preservation of a certified historic structure Preservation of open space Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation 2 easement on the last day of the tax year. Held at the End of the Tax Year 2a Total acreage restricted by conservation easements 2b Number of conservation easements on a certified historic structure included in (a) 2c Number of conservation easements included in (c) acquired after 8/17/06, and not on a 2d Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the Number of states where property subject to conservation easement is located ▶ Does the organization have a written policy regarding the periodic monitoring, inspection, handling of 6 Staff and volunteer hours devoted to monitoring, inspecting, and enforcing conservation easements during the year Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year 7 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B) In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements. Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Part III Complete if the organization answered "Yes" to Form 990, Part IV, line 8. If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items. b If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items: (i) Revenues included in Form 990, Part VIII, line 1 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items:

b Assets included in Form 990, Part X .

Part	Organizations Maintaining	Collections of	Art, Historical	Treasures	, or Ot	her Similar As	sets (continued)
3	Using the organization's acquisition, collection items (check all that apply):	accession, and ot	her records, che	ck any of the	e follov	ving that are a s	lignificant use of its
а	☑ Public exhibition		d 🗌 Loa	n or exchan	ge progi	rams	
b	☐ Scholarly research		e 🗌 Oth	er			
¢	☐ Preservation for future generations						
4	4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.						
5	5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar						
	assets to be sold to raise funds rather	than to be mainta	lined as part of t	he organizat	ion's co	llection?	✓ Yes ☐ No
Part							
	Complete if the organization 990, Part X, line 21.					•	NA
1 a	is the organization an agent, trustee, included on Form 990, Part X?						ot Yes No
b	If "Yes," explain the arrangement in Pa	art XIII and comple	ete the following	table:			mount
-	Docinaina balanca				40		FI I I I I I I I I I I I I I I I I I I
c d	Beginning balance				1c		
e 8	Distributions during the year		• • • • •		1e		
er f	Ending balance				16		
2a	Did the organization include an amoun						☐ Yes ☐ No
b	If "Yes," explain the arrangement in Pa						
Para		are 7000 Crook 1100	o ii dio oxpidilati	0111100 5001	2101101	JOHN CHICAGO	* 1 <u>L</u>
	Complete if the organization	answered "Yes	" to Form 990.	Part IV. line	10.		
		(a) Current year	(b) Prior year	(c) Two yea		(d) Three years bac	k (e) Four years back
1a	Beginning of year balance	26,151,127	23,339,34	0 24.	415,077	21,197,14	2 19,588,694
b	Contributions	1,056,801	684,05		483,818	463,28	
c	Net investment earnings, gains, and				**************************************		
	losses	4,258,469	3,358,82	1 (2	26,430)	3,990,00	1 1,867,921
d	Grants or scholarships	(681,989)	(545,73)) (5	68,716)	(569,120	(453,733)
е	Other expenditures for facilities and						
	programs	(663,745)	(685,359) (7	64,409)	(666,23	3) (423,543)
f	Administrative expenses						÷
g	End of year balance	30,120,663			339,340		7 21,197,142
2	Provide the estimated percentage of t		•	g, column (a	a)) held a	as:	
a	Board designated or quasi-endowmer	**************	0%				
b	Permanent endowment ▶	62%					
C	Temporarily restricted endowment ▶	******	MAC.				
34	The percentages in lines 2a, 2b, and 2 Are there endowment funds not in the			hat are held	and ad	ministered for th	30
Ja	organization by:	e possession or tr	ie organization i	HOLOIG HOIU	anu au	THINSIEGE OF THE	Yes No
	(i) unrelated organizations						3a(i) ✓
	(ii) related organizations						3a(ii) ✓
d	If "Yes" to 3a(ii), are the related organ						3b V
4	Describe in Part XIII the intended uses				• •		
Pari							
	Complete if the organization		" to Form 990,	Part IV, line	11a. S	See Form 990.	Part X, line 10.
	Description of property	(a) Cost or of	ther basis (b) Cos	t or other basis (other)	(c)	Accumulated epreciation	(d) Book value
ia	Land		6,273,745				6,273,745
b	Buildings		193,164		l		193,164
C	Leasehold improvements						
d	Equipment			19,527		18,862	665
е	Other						
Total.	otal. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10(c).) ▶ 6,467,574						

Part VIII Investments—Other Securities. Complete if the organization answered "Yes" to Form	m OON Part IV line	11h See Form 99) Part X line 12
(a) Description of security or category	(b) Book value		of valuation:
(a) Description of security of category (including name of security)	(b) Book value		ear market value
(1) Financial derivatives		emplores project de la composition della composition della composition della composition della composition della composition della composition della composition della composition della composition della composition della composition della composition della composition della composition della composition della composition della composition della composi	
(2) Closely-held equity interests	······		
(3) Other			elite i de versamment de manuel de manuel en entre de manuel de mande de mande de mande de mande de mande de m
(A) Wellington Research Equity		End of year market va	
(B) Wellington Micro Cap Equity		End of year market va	
(C) Newport Asia Institutional Fund	***************************************	End of year market va	th ANA color (A that the free conserves a color of the contract to be reconserved to the color of the color o
(D) CamCap Resources Offshore Fund, Ltd		End of year market va	**************************************
(E) Fortress Partners Fund, Ltd		End of year market va End of year market va	
(F) Archstone Absolute Return Strategies Fund		End of year market va	~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~
(G) Maverick Stable Fund (H)	2,055,920	End of year market va	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 12.) ▶	18,474,516		iue
ParaVIII Investments—Program Related.	18,474,510	<u>Landania de la companya de la compa</u>	
Complete if the organization answered "Yes" to For	m 990 Part IV line	a 11c See Form 99	0. Part X. line 13.
(a) Description of Investment	(b) Book value		of valuation:
(a) Description of investment	(a) mont value		/ear market value
M			
(1) (2)			
(3)			
(4)			
(5)			
(6)			
(7)		<u> </u>	
(8)			
(9)			
Total. (Column (b) must equal Form 990, Part X, col. (B) line 13.) ▶	0		
Parallel Other Assets.	1		
Complete if the organization answered "Yes" to For	m 990, Part IV, line	e 11d. See Form 99	0, Part X, line 15.
(a) Description			(b) Book value
(1) Sketchbook - "Excerpts From My Sketchbook - 1944" by Peter Hurd			50,000
(2) Beneficial Interest in Perpetual Trust with Albuquerque Community Fo	undation		740,643
(3) Cash Surrender Value of Life Insurance Policies			676,448
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.)	+ 2 3 V 6 F		1,467,091
≥art¥X Other Liabilities.			
Complete if the organization answered "Yes" to For	m 990, Part IV, lin	e 11e or 11f. See Fo	orm 990, Part X,
line 25.			
1. (a) Description of liability (b) Book value			
(1) Federal income taxes			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) ▶	0	nla finanajal statas	a that rangets tha
2. Liability for uncertain tax positions. In Part XIII, provide the text of the foot organization's liability for uncertain tax positions under FIN 48 (ASC 740). Ch	note to the organization	ni o midnoidi didicinicini the footnote has been	or maki repund are Provided in Dest VIII
organization's liability for uncertain tax positions under Filv 48 (ASC 740). On	eck nere ii uie text bi	nie roeniote nas been j	NOVINGO III LBILVIII

a de la	Reconciliation of Revenue per Audited Financial Statemeter Complete if the organization answered "Yes" to Form 990, F			Return	ì.
1	Total revenue, gains, and other support per audited financial statements	CALLIV	, m = 12a.	1 4	8,219,808
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:	• •			0,213,000
а	Net unrealized gains on investments	2a	3,168,383		
b	Donated services and use of facilities	2b	4,622	Marie Control of the Control	
c	Recoverles of prior year grants	2c	122-11		
d	Other (Describe in Part XIII.) ,	2d	73,903		
е	Add lines 2a through 2d			2e	3,246,908
3	Subtract line 2e from line 1			3	4,972,900
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:				310121900
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a	104,316		
b	Other (Describe in Part XIII.)	4b			
c	Add lines 4a and 4b			4c	104,316
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line			5	5,077,216
Paril				r Retu	ırn.
Indiana (contraction)	Complete if the organization answered "Yes" to Form 990, F				
1	Total expenses and losses per audited financial statements			1	1,988,152
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:				
а	Donated services and use of facilities	2a	4,622		
b	Prior year adjustments	2b		1 1	
c	Other losses	2c			
d	Other (Describe in Part XIII.)	2d	73,903		
e	Add lines 2a through 2d			2e	78,525
3	Subtract line 2e from line 1			3	1,909,627
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:	İ			1,000,027
а		4a	104,316		
b	Other (Describe in Part XIII.)	4b	104,310		
_	Add lines 4a and 4b			4c	104,316
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, lin	e 18.)		5	2,013,943
Earl	XIII Supplemental Information.				2/0/10/040
	le the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and	d 4: P	art IV. lines 1b and 2b	: Part V	/, line 4: Part X. line
	t XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part				
	III; Line 4 - The NMMI Foundation received on December 22, 1999 a donation of		•		
					· 6
From I	My Sketchbook - 1944" by Peter Hurd. The sketchbook was appraised at \$50,0	00. In	accordance with the d	onor's	
	13 MARGONIA AND LAND AND AND AND AND AND AND AND AND AND		**************************************	01101 3	. In w to to to to to to to to to to to to to
wishes	s the sketchbook is displayed in the NMMI Toles Learning Center where it is pr	operly	maintained, preserved	land	
~~~~~		77.2.X			
protec	ted from fire, theft, vandalism and other elements. Peter Hurd, a very promine	nt artis	st. was a Life Magazine	war	
Anna-ana		*****			, 22 11 11 11 11 11 11 11 11 11 11 11 11
corres	pondent when he did the sketchbook. Acquisition and display of this book fur	thers t	the Foundation's exem	อใ	
		*******	***************************************	E	· • · · · · · · · · · · · · · · · · · ·
purpo:	se of supporting the educational mission of NMMI.				
£J	***************************************	~~~~~	***************************************		·
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Schedule D (Form 990) 2013	Page 5
Pari XIII Supplemental Information (continued)	
Part V; Line 4 - NMMI Foundation endowment funds are invested in perpetulty to provide financial support for NMMI	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
projects and programs. Projects and programs include cadet scholarships, leadership center activities,	z par der per 40 40 40 40 40 40 40 40 40 40 40 40 40
professorships and chairs, academic excellence programs, athletic programs and other programs that promote the	
growth, welfare and maintenance of NMMI.	***
;	
Part XI; Line 2d Other - Amounts included on line 1 but not on Form 990, Part VIII, line 12:	
Direct Fund Raising expenses per Form 990; Part VIII, Line 8b \$70,803	
Interfund transfer of 3,100	~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~
Total \$73,903	,,,
	10 TO 30 TO 10 TO 10 TO 10 TO 10 TO 10 TO 10 TO 10 TO 10 TO 10 TO 10 TO 10 TO 10 TO 10 TO 10 TO 10 TO 10 TO 10
	<b>.</b>
Part XII; Line 2d Other - Amounts included on line 1 but not on Form 990, Part IX, line 25:	
Direct Fund Raising expenses per Form 990; Part VIII, Line 8b \$70,803	
Interfund transfer of 3,100	***
Total \$73,903	
<u></u>	27
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SCHEDULE F (Form 990)

Statement of Activities Outside the United States

OMB No. 1545-0047 2013

▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 14b, 15, or 16. ► Attach to Form 990. ► See separate instructions.

Open to Public

Department of the Treasury Internal Revenue Service > Information about Schedule F (Form 990) and its instructions is at www.irs.gov/form990. Inspection Employer identification number Name of the organization 85-6010718 NMMI Foundation, Inc. General Information on Activities Outside the United States. Complete if the organization answered "Yes" on Part Form 990, Part IV, line 14b. For grantmakers. Does the organization maintain records to substantiate the amount of its grants and other assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the □Yes □No For grantmakers. Describe in Part V the organization's procedures for monitoring the use of its grants and other 2 assistance outside the United States. Activities per Region. (The following Part I, line 3 table can be duplicated if additional space is needed.) 3 (e) If activity listed in (d) is (f) Total expenditures for (a) Region (b) Number of (c) Number of (d) Activities conducted in a program service, describe specific type of service(s) in region region (by type) (e.g., fundraising, program services, investments, émployees, agents, and offices in the region and investments in region independent contractors grants to recipients located in the region) in region N/A 4,858,584 (1) Central America/Caribbean N/A N/A Investments 490,733 (2) Europe N/A investments N/A N/A (3) (4) (5)(6)(7) (8)(9) (10)(11) (12)(13)(14)(15)(16)(17)Sub-total 5,349,317 За Total from continuation sheets to Part I

c Totals (add lines 3a and 3b)

5,349,317

Page 2	o Organizations or Entities Outside the United States. Complete if the organization answered "Yes" on Form 990,	Down Inc. 15 for any recipient who received more than \$5 DD Part II can be dunificated if additional space is needed.
Gobactista F. Frorm 90(1) 2013	nd Other Assistance to Organiz	A next oron house of which the formal vacant and the second secon

	(at 1)	1		(9 Manner of (10) Amount of		(fi Manner of	(c) Amount of		(ii) Method of
	cganization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	cash cash disbursement	non-cash assistance	(h) Description of non-cash assistance	valuation (book, FMV, appraisal, other)
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Schedule F (Form 990) 2013

Enter total number of other organizations or entities

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Page 3

Schadule F (Form 990) 2013

	Grants and Other Assistance to Individuals Outside Part III can be duplicated if additional space is needed.	als Outside e is needed.	the United State	s, Complete if the	organization answ N/A	Grants and Other Assistance to Individuals Outside the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 16. Part III can be duplicated if additional space is needed.), Part IV, Ime 16,
(a) Type of grant or assistance	(b) Region	(c) Number of recipients	(d) Amount of cash grant	(e) Manner of cash disbursement	(f) Amount of non-cash assistance	(g) Description of non-cash assistance	(h) Method of valuation (book, FMV, appraisal, other)
(1)							
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Page	4
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e jiji	W Foreign Forms		
4	Was the organization a U.S. transferor of property to a foreign corporation during the tax year? If "Yes," the organization may be required to file Form 926, Return by a U.S. Transferor of Property to a Foreign Corporation (see Instructions for Form 926)	☐ Yes	☑ No
2	Did the organization have an interest in a foreign trust during the tax year? If "Yes," the organization may be required to file Form 3520, Annual Return to Report Transactions with Foreign Trusts and Receipt of Certain Foreign Gifts, and/or Form 3520-A, Annual Information Return of Foreign Trust With a U.S. Owner (see Instructions for Forms 3520 and 3520-A)	☐ Yes	☑ No
3	Did the organization have an ownership interest in a foreign corporation during the tax year? If "Yes," the organization may be required to file Form 5471, Information Return of U.S. Persons With Respect To Certain Foreign Corporations. (see Instructions for Form 5471)	☐ Yes	☑ No
4	Was the organization a direct or indirect shareholder of a passive foreign investment company or a qualified electing fund during the tax year? If "Yes," the organization may be required to file Form 8621, Information Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund. (see Instructions for Form 8621)	☐ Yes	☑ No
5	Did the organization have an ownership interest in a foreign partnership during the tax year? If "Yes," the organization may be required to file Form 8865, Return of U.S. Persons With Respect To Certain Foreign Partnerships. (see Instructions for Form 8865)	✓ Yes	□ No
6	Did the organization have any operations in or related to any boycotting countries during the tax year? If "Yes," the organization may be required to file Form 5713, International Boycott Report (see Instructions for Form 5713)	☐ Yes	☑ No

SCHEDULE G (Form 990 or 990-EZ)

Supplemental Information Regarding Fundralsing or Gaming Activities

Complete if the organization answered "Yes" to Form 990, Part IV, lines 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.

▶ Attach to Form 990 or Form 990-EZ.

▶ Information about Schedule G (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service Name of the organization

	, the organization					- compayor recording	aon nambor
IMMI	Foundation, Inc.					85-6	010718
Part	Fundraising Activities. Form 990-EZ filers are r	•	•		vered "Yes" to Fo	orm 990, Part IV, lii	ne 17.
1	Indicate whether the organization				wing activities Ch	neck all that annly	
-	Even.	Arraided fortula th			-		
a .	****		 B [₹		on of non-governm		
b	Internet and email solicitatio	กร	f L	-	on of government	grants	
C	Phone solicitations		g 🛭] Special t	fundralsing events		
đ	✓ In-person solicitations						
2a	Did the organization have a writ or key employees listed in Form	tten or oral agree	ment with	any individ	dual (including officially)	cers, directors, trusto	es ☑ Yes ☐ No
ь	If "Yes," list the ten highest paid						
ω	compensated at least \$5,000 by			ngisers) þi	ursuant to agreem	ents under which the	i luilulaiser is to de
	(i) Name and address of individual	(iii) Activity		draiser have r control of	(iv) Gross receipts	(v) Amount paid to (or retained by)	(vi) Amount paid to (or retained by)
	or entity (fundraiser)		contrib	utions?	from activity	fundraiser listed in col. (i)	organization
		CAPITAL	Yes	No			
1 _{Ar}	t Cotton; Cotton Consulting D. Box 355; Blanchard, OK 73010	CAMPA/GA Consulting		1	0	55,000	0
2			***************************************			50,000	<u> </u>
3	in Nimenne, sense 1900-1900 h P.P. (1971-1974 in M. S. (1974-1904) management in space of the sp						
4			······································		<u> </u>		
5			***************************************				
<u>.</u>							
6							
7				- name () - name ()		Le contraction de la contracti	
8							
9					***************************************		
10							
Total	4 * 6 5 * 6 4 5 5 6				0	55,000	0
3	List all states in which the orga registration or licensing.	ınization is regist	ered or lic	ensed to s	olicit contributions	s or has been notifie	d it is exempt from
	R, AK, CA, CT, GA, HI, IL, KS, KY, M	IE, MD, MA, MI, MN	I, MS, MO,	NH, NJ, NM	, ND, OH, OR, PA, R	N, SC, TN, UT, VA, WA	, wv
	O, FL, OK, NC						

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******	. Mandan n n n n n n n n n n n n n n n n n	- 26 13 44 55 14 15 16 26 16 26 26 26 26 26 26 26 26 26 26 26 26 26		or and wife the the country and the state of		~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~	************

Ph.	ràll	Fundraising Events. Conthan \$15,000 of fundraising gross receipts greater that	g event contributions			
		groot is coupled ground in	(a) Event #1 Golf Tournament (event type)	(b) Event #2	(c) Other events 2 (total number)	(d) Total events (add col. (a) through col. (c))
Revenue	4	Gross receipts	127,907		2,415	130,322
ш.	2 3	Less: Contributions Gross income (line 1 minus	122,210		965	123,175
	A	line 2)	5,697		1,450	7,147
	<i>4</i> 5	Cash prizes	4,125			4,125
nses	6	Rent/facility costs				
Direct Expenses	7	Food and beverages	30,942			30,942
Direc	8	Entertainment				
	9	Other direct expenses .	35,736			35,736
Ð.	10 11 (20)))	Direct expense summary. Ad Net income summary. Subtra Gaming. Complete if the	act line 10 from line 3, c	olumn (d)		70,803 (63,656) reported more
		than \$15,000 on Form 9				MA
Revenue			(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))
8	1	Gross revenue				
ses	2	Cash prizes			ii	
Direct Expenses	3	Noncash prizes , , .		Annual in the state of the stat		
Direct	4	Rent/facility costs	en en en en en en en en en en en en en e			
**************************************	5	Other direct expenses .	☐ Yes %	│ │ Yes %	│ │□ Yes %	
	6	Volunteer labor	No No	No No	No No	
	7	Direct expense summary. Ad	ld lines 2 through 5 in c	olumn (d)		and the state of t
	8	Net gaming income summar	y. Subtract line 7 from l	ine 1, column (d)		
	a Is	nter the state(s) in which the or the organization licensed to or "No," explain:		in each of these state		, Yes . No
10		ere any of the organization's g "Yes," explain:	aming licenses revoked	i, suspended or termin	ated during the tax year	? . 🗌 Yes 🗌 No

Schedu	ale G (Form 990 or 990-EZ) 2013	ge 3
11 12		No
13	Indicate the percentage of gaming activity operated in:	%
a b		%
14	Enter the name and address of the person who prepares the organization's gaming/special events books and records:	
	Name >	
	Address ▶	
15a	Does the organization have a contract with a third party from whom the organization receives gaming revenue?	No
b c	If "Yes," enter the amount of gaming revenue received by the organization \$ and the amount of gaming revenue retained by the third party \$ \$ If "Yes," enter name and address of the third party:	
	Name >	***
	Address >	
16	Gaming manager information:	
	Name ►	•••••
	Gaming manager compensation ▶ \$	
	Description of services provided ▶	****
	□ Director/officer □ Employee □ Independent contractor	
17 a	Mandatory distributions: Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license?	No
b	Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ▶ \$	
Pari	Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v), and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also complete this part to provide any additional information (see instructions).	


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SCHEDULE (Form 990) Department of the Treasury Internal Revenue Service Name of the organization

Governments, and Individuals in the United States Grants and Other Assistance to Organizations,

Complete if the organization answered "Yes" to Form 990, Part IV, line 21 or 22,

P Attach to Form 990.

In Selection

Employer identification number

Pinformation about Schedule I (Form 990) and its instructions is at www.irs.gov/form990.

Grants and Other Assistance to Governments and Organizations in the United States. Complete if the organization answered "Yes" to Form 990 NIMMI Scholarship Funds Leadership Center Ops Faculty/Staff Programs (h) Purpose of grant or assistance Alumni Relations Ops Academic Programs Real Property-Land Chaplain Programs Athletic Programs Cadet Activities ☑ Yes 85-6010718 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and . . . . . . . . . . . . (g) Description of non-cash assistance Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed. . (e) Amount of non- (f) Method of valuation cash assistance (book, FMN, appraisal, other) Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States. Enter total number of section 501(c)(3) and government organizations listed in the line 1 table 300,804 50,193 92,190 37,450 20,294 11,860 681,989 10,200 (d) Amount of cash 120,371 grant Enter total number of other organizations listed in the line 1 table (c) IRC section if applicable the selection criteria used to award the grants or assistance? General Information on Grants and Assistance NIMM NIVIMI NMMI NMMI NWW NNNN NAMA NMMI NAMA 85-6000408 85-6000408 85-6000408 85-6000408 85-6000408 85-6000408 85-6000408 85-6000408 85-6000408 S) EIN (5) New Mexico Military Institute ? (a) Name and address of organization (4) New Mexico Military Institute (7) New Mexico Military Institute (3) New Mexico Military Institute (1) New Mexico Military Institute (8) New Mexico Military Institute (9) New Mexico Willtary Institute (2) New Mexico Military Institute (6) New Mexico Military Institute or government MMMI Foundation, Inc. Roswell, NM 88201 Roswell, NM 88201 Roswell, NM 88201 Roswell, NM 88201 Roswell, NM 88201 Roswell, NM 88201 Roswell, NM 88201 Roswell, NM 88201 Roswell, NM 88201 22

Schedule I (Form 990) (2013)

Cat. No. 50055P

For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Grants and Other Assistance to Individuals in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 22. Part III can be duplicated if additional space is needed. Part III

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	(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(c) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
Facuity	f Faculty Professorships and Chairs	co	46.000			
2 Travel	2 Travel Funds for Hawaiian Cadets	10	8,750		a parameter and the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of th	
3 Cadet	3 Cadet Awards and Sabers	23	6,872			
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20 T. 10	Supplemental Information, Provide the information required in Part I, line 2, Part III, column (b), and any other additional information.	the information r	equired in Part I, line	e 2, Part III, column	(b), and any other addition	onal information.

are made on an expenditure driven basis. The Foundation is billed by NMMI for reimbursement of expenses in Part II that were previously paid or credited by NMMI in accordance Part I: Line 2 - Payments to MMMI, a New Mexico state educational institution, to provide scholarship funding, Leadership Center programs and other uses listed in Part II, Line 1 with their policies and procedures. The Foundation receives copies of invoices and other supporting documentation prior to reimbursing MMM for the expenses. NMMI monitors compliance for the programs in Part II, Line 1.

accordance with donor criteria and NWMI as monitored by the NMMI Scholarship Committee. The NMMI Office of Financial Aid monitors the recipients eligibility throughout the year.

The Foundation disburses scholarship funds directly to NMMI upon receiving a billing at the end of each semester. Scholarship funds are awarded in

Faculty Professorships and Chairs are awarded based on donor criteria and NMM quidelines. Awards are made to selected recipients meeting the donor criteria and WMM policies and procedures. The Academic Dean monitors compliance with the established criteria. Travel funds for Hawaiian cadets are provided from earnings on a specific donor endowment. The MMMI Office of Financial Aid determines qualifying cadets and monitors compliance.

Cadet Awards and Sabers are provided by donor gifts and earnings on specific donor endowments. The NWMI Academic Dean and Commandant of Cadets determine

qualifying cadets and monitor compliance.

#### SCHEDULE O (Form 990 or 990-EZ)

Department of the Treasury

Internal Revenue Service

# Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information.

OMB No. 1545-0047

➤ Attach to Form 990 or 990-EZ.

▶ Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

Open to Public Inspection

Name of the organization	Employer Identification number
NMMI Foundation, Inc.	85-6010718
Part III; Line 4d - Other program services support was used for NMMI cadet activities, athletic equipme	ent and supplies,
faculty and staff programs and chaptain programs.	
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Part VI; Governance, Management and Disclosure	
Line 2 - Steve Effiott, Asst. Treasurer, and Lance Benham, Member, are in a business relationship invo	lving a real estate limited liability
company (LLC). The LLC does not have any business relationship with the Foundation and is comple	tely unrelated to the Foundation.
Line 6: The Foundation has members, but not stockholders. Any person making an annual donation	of at least \$500
shall be deemed to have met all requirements necessary for membership that year. Any person making	g a donation of
\$5,000 or more shall be considered a life member and no further donation is necessary. The Chairman	or CEO may, at
their discretion, invite individuals to become members without payment. There are no membership fe	es charged.
Line 7a: The members (referred to above) elect the rotating members of the Board of Trustees. Each	member is
entitled to one vote. The rotating members of the Board of Trustees are elected at the Annual Meeting	of the members.
Line 7b: The decisions of the governing body are decided by a majority vote of those Board of Truste	es present at all
meetings of the Board of Trustees. The Foundation's Executive Committee, made up of six members	of the Board of
Trustees that includes its CEO, is authorized to act for and on behalf of the Board of Trustees in exerc	ising the Board's
authority with respect to all matters affecting the organization, except for: (1) amending, altering or rel	cealing the By-Laws
and Articles of Incorporation, (2) appointing, electing or removing any member of any committee or ar	ny director or
officer, (3) authorizing the sale, lease exchange or mortgage of all or substantially all assets of the For	undation,
(4) adopting a plan of merger or consolidation with another corporation and (5) authorizing the volunta	ery dissolution of
the corporation or revoking proceedings therefore, or adopting a plan for the distribution of the asset	s of the Foundation.
Line 9: A complete listing of the Board of Trustees with their respective mailing addresses is listed or	1 Form 990; Part VII; Section A.
	A
Line 11a: The final Form 990, including required schedules and other attachments, was provided to a	I members of the
Board of Trustees for review and comment prior to filing with the Internal Revenue Service. Additional	illy, the
the Chairman of the Board of Trustees and President & CEO reviewed and discussed the final Form 9	90, including
required schedules and other attachments, prior to filing with the Internal Revenue Service.	

Schedule O (Form 990 or 990-EZ) (2013)	Page 2
Name of the organization	Employer identification number
NMMI Foundation, Inc.	85-6010718
Line 12c: Each member of the the Board of Trustees and all employees of the Foundation are required to o	disclose
annually in writing any interests that could give rise to conflicts of interest as well as abide by the Foundat	tion Conflict of Interest
Policy. In accordance with the policy, if a conflict of interest arises with a voting member of the Board of T	rustees, that
member must recuse themself from any and all votes in regard to the matter in conflict. If a conflict is disc	closed or arises
during the year, the Board of Trustees will review the situation and then determine the proper action for the	e Foundation.
The President & CEO and at least one other Board Member review all disbursements of the Foundation. Fi	nancial
statements, budget and investment information are provided to the Executive Committee monthly for revie	<u>w.</u>
	**************************************
Line 15: The five independent members of the Executive Committee of the Foundation annually review the	salaries and
benefits of the Foundation's three employees, which are the (1) President & CEO, (2) Director of Development	ent and
(3) Administrative Specialist. Upon review of historical and comparable data, the Executive Committee set	s the salaries
for the upcoming fiscal year. The entire Board of Trustees approves these salaries and benefits in conjun	ction with
approving the annual budget.	n a government of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract
Line 19: The following documents are available at the Foundation's website at: www.nmmi.edu/founda	tion
Current audited financial statements	***************************************
2. Complete Form 990, schedules and attachments for the most current three fiscal years	**************************************
3. Articles of Incorporation and By-Laws	
4. Conflict of Interest Policy	= = = = = = = = = = = = = = = = = = =
The above documents are also available upon request.	## W h - h - h
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